

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Mar 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000020351 (8)

1. Corporation Name  
ODOR CONTROL SYSTEMS, INC.



Principal Place of Business  
5129 CASTELLO DRIVE, SUITE 2  
NAPLES FL 33940

Mailing Address  
5129 CASTELLO DRIVE, SUITE 2  
NAPLES FL 34103-1803

3. Date Incorporated or Qualified  
02/27/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 5100 N. TAMiami TRAIL

26 5100 N. TAMiami TRAIL

4. FEI Number  
65-0649806

Applied For  
Not Applicable

22 SUITE 201

27 SUITE 201

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

23 NAPLES, FLORIDA

28 NAPLES, FLORIDA

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

24 34103 25 U.S.

29 34103 30 U.S.

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SZEMPRUCH, DAVID J  
5129 CASTELLO DRIVE, SUITE 2  
NAPLES FL 33940

81 Name  
SZEMPRUCH, DAVID J  
82 Street Address (P.O. Box Number is Not Acceptable)  
5100 N. TAMiami TRAIL  
83 SUITE 201  
84 City  
NAPLES, FL 85 Zip Code  
34103

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE
			<input type="checkbox"/> DELETE

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
P	HAMILTON, MILES M	5100 N. TAMiami TRAIL, SUITE 201	NAPLES, FLORIDA 34103
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Miles M. Hamilton, President 2/19/97 941-591-0765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)